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Original Communications.

PAPILLOMATOUS DEGENERATION OF THE LEFT OVARY; REMOVAL; TRANSFUSION; DEATH.

By H. O. MARCY, M.D., of Cambridge.

MRS. M., æt. 29. Finely developed woman, of a healthy family. Married three years; one miscarriage, two years ago. Menses regular, but lately scanty.

First seen Nov. 26, 1873. Well until previous May. Suffered pain in the left side last September, and since, at times, dragging weight in pelvic region. Not seriously ill at any time, but, for the last few weeks, has noticed an increasing fulness of the abdomen, with a considerable loss of appetite, flesh and strength. The abdomen contained an oval, symmetrical body, nearly in median line, reaching a little above the umbilicus, about as large as the gravid uterus at the sixth month. Patient supposed herself pregnant.

Next seen Dec. 14th. Mrs. M. had, two weeks after last visit, Dec. 11th, indulged in dancing, and, suddenly complaining of abdominal pain, fell insensible to the floor. Since, quite ill; much of time in bed. Now, the abdomen is greatly enlarged, measuring 37½ inches at umbilicus, and is distinctly fluctuating; changes somewhat with position. Uterus measures two and one half inches in depth, and is retroverted laterally to the left, but movable. Other organs healthy. Diagnosis, ovarian cyst.

Dec. 22d.—Patient, who has suffered extremely during the past week, is seen by Dr. Cheever, in consultation. Decided to relieve by tapping. The 24th, Dr. Cheever removed fourteen pints of a yellowish-green, clear fluid. Specific gravity, 1020; coagulated solid with nitric acid; slight flocculent sediment, containing blood disks, pus cells, and a few delicate stellate crystals.

The fluid ceased to flow, although a considerable quantity, with a firm, resisting mass, remained in the abdominal cavity. Diagnosis, doubtful; thought by Dr. Cheever to be probably subacute peritonitis, with a large deposit of lymph.

Patient slowly rallied after the operation; absorption of the free fluid took place, leaving an irregular, indistinctly fluctuating mass, filling the pelvic cavity and extending laterally to the crest of the left ilium, and reaching, on median line, half way to umbilicus.

The uterus was now immovable, and the contents of the pelvic cavity fixed and inelastic.

A gradual enlargement took place during the last of January and in February, until the tumor extended from the right ilium laterally, above the umbilicus, to the left renal region. The left side was much

distended and perfectly fluctuating, with a thin wall; and especially, in the light of the previous history, seemed in imminent danger of rupture.

The exploring needle showed the contents of the cyst to be a thin purulent fluid. To the right, in Douglass's fossa, was a fluctuating point, which, aided by Dr. Hildreth, I punctured, expecting to drain the large sac from the vagina. Two or three ounces of clear, straw-colored, albuminous fluid escaped from a sac which admitted sound two inches. We enlarged this opening, to admit the finger.

The tumor steadily increased, and the condition of the patient became one to cause much anxiety.

March 4th, I carried a long, slightly curved trocar through the previous opening obliquely towards the median line, four inches above the roof of the vagina, into the large sac, and drew off forty ounces of pus, with great relief to the patient, although a firm, fixed mass remained, nearly filling the pelvic cavity. A sound was occasionally passed through the vaginal opening, and drainage in small amount continued afterward. Soon after this, red villous masses escaped from the opening, which Dr. Fitz pronounced papilloma.

The diagnosis was at last undoubted. Primarily an ovarian cyst, which ruptured, allowing the escape of its fluid contents into the abdominal cavity; subacute peritonitis followed, and now, a multilocular cyst, more or less filled with hypertrophic villous masses, closely bound by adhesions to the pelvic cavity.

During March and April, the patient improved very much in her general health, although the tumor was slowly enlarging.

Mrs. M. determined upon the attempt of removal, after full explanation of her unfavorable condition and the great gravity of surgical interference.

May 7th.—The operation was performed by Dr. Cheever, assisted by Drs. Underwood, Hildreth and myself. The cyst was firmly adherent anteriorly, and, attempting its separation, the thick, friable walls ruptured, allowing the escape of a portion of its fluid contents into the abdominal cavity. Extensive adhesions to the omentum, intestines and parietal walls were carefully separated, and required several ligatures. It was necessary to carry the incision two inches above the umbilicus. The pedicle was broad and thick, was clamped, but too short to be brought out externally, and was secured by a double ligature and left in the pelvic cavity. A large-sized Sims's drainage tube was carried through the vaginal opening and lower angle of the wound.

The cyst contained about a quart of purulent fluid and several large papillomatous growths, which were easily broken down and proved a source of very troublesome hæmorrhage. The right ovary contained a cyst of the size of an English walnut, which was easily enucleated.

Owing to the great loss of blood and the tedious dissection of the adhesions, the patient's condition was one to cause anxiety, and the latter stages of the operation were hastened as much as possible. The patient rallied slowly and imperfectly from her almost moribund condition.

There was slight nausea, no vomiting, no bleeding, no pain. Took beef-tea and brandy, in small doses, frequently. Enema of the same every two hours. Evening temperature, 99°. Pulse 112. Extremities warm. Urine freely secreted. Mind clear. Slept some.

May 8th.—Had a comfortable night. A watery fluid, mixed with

blood, flows from the tube. The abdominal cavity is washed every six hours, with a weak solution of carbolic acid, until it flows clear.

Noon.—Temperature 100°, and pulse 120. Tube obstructed, and the contents, which were washed out, were fœtid. The microscope shows monads, bacteria, &c., in abundance.

May 9th, A.M.—Slept part of night. No nausea; no pain; abdomen not tympanitic. Temperature 102°; pulse 140, weak. Extremities cold. Rapidly sinking. Decided to try transfusion, Aveling's instrument being used. Dr. Cheever easily introduced canula into vein of patient, but was less fortunate with the husband. After a prolonged trial, the vein having been opened as in ordinary bleeding, introduction of the canula proved so troublesome that the collected blood was defibrinated, strained and transfused to the amount of about three ounces, with no appreciable change on the part of the patient.

P. M.—A second trial was made by myself; a brother, with large veins, volunteering for the purpose. Profiting by the experience of the morning, the vein was dissected, and a director placed beneath before being opened. Great care was used in first filling bulb with warm water, working steadily and rapidly, with plenty of assistance. Three or four ounces were introduced without trouble, when, upon gentle pressure of the bulb, the blood refused to flow. The instrument, removed from the canula, was at once placed in warm water, and yet the bulb was so firmly filled with a clot that it was removed with the greatest difficulty. The transfusion was again continued, without further trouble, until five or six ounces of blood had been introduced. At first the patient, whose intellect was perfectly clear, thought she felt a little stronger, but, towards the close of the operation, complained of weariness. It is doubtful if the heart's action improved even temporarily, and within a few minutes respiration faltered and death supervened suddenly.

I have been the more minute in the above description, because of the interest at present felt in the operation of transfusion, and the limited experience of its uses by the profession. The use of the Aveling instrument is described as being so simple, easy and free from danger that an amateur might easily make use of the same under the most unfavorable circumstances. Admitting the seeming simplicity of the instrument, I apprehend that in its present form at least, however familiar by experience, its use cannot be looked upon otherwise than as a somewhat formidable operation. The difficulty of the proper insertion of the canulæ, the liability of the introduction of air—perhaps not so grave a danger as formerly apprehended, as I have once seen air-bubbles introduced with the current without harm—and the danger of clots carried into the circulation, are obstacles of no slight magnitude.

The *post-mortem* appearances were not especially instructive. A portion of the parietal walls was already gangrenous and the wound highly fœtid.

Cause of Death.—The patient did not fairly rally from the loss of blood and shock of the operation. Widely denuded portions of the peritoneal surfaces offered ready means for the absorption of the pelvic fluids, which, although carefully removed by drainage and washing, early became in a high degree septic.

In the small cyst enucleated from the right ovary, the hypertrophic

elongation of the papillæ given off from the cyst wall was of the most delicate character, while the cyst wall itself was extremely thin and fluid contents clear. The walls of the large cyst were extremely thick, friable and easily broken, and projecting therefrom were villous masses, from the size of the fist downwards, and of an intense red color. These presented, at base, a slight frame-work of connective tissue, were arborescent, and covered by epithelium, presenting an appearance, under the microscope, not very unlike the villi of the chorion. This form of villi undoubtedly takes its origin from the epithelial lining of the hypertrophied follicle, and in this respect bears a close analogy to epithelioma, as seen in other parts of the body. That they are usually of a benign character, i. e., do not return after removal, is shown by clinical as well as histological evidence. In exceptional cases, they are probably malignant.

Solid ovarian tumors are occasionally met with which have an origin similar to the above, i. e., the cyst ruptures, the papillomatous masses increase, causing an eversion of the sac, the walls of which form the base of a proliferatiug tumor, more commonly called cauliflower cancer.

REMARKS ON THE INVASION OF THE EXTERNAL AUDITORY MEATUS BY INSECTS, WITH REPORT OF SEVERAL CASES.

By Samuel Theobald, M.D.

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The invasion of the external auditory meatus by insects is, comparatively speaking, a rare occurrence. In the healthy condition of the parts, owing to the presence of the cerumen, which coats the walls of the outer third of the canal, and is extremely offensive to their tastes, it seldom happens that they intentionally pass inwards beyond this protecting zone; while the conformation of the external ear, the smallness of the opening itself, and the lateral position of the organ, render an accidental entrance scarcely more common. When, however, through disease or filth, the normal condition is changed, it may so happen that, not only are they no longer repelled by the secretions of the cerumenous glands, but that they may be, according to their habits, even attracted by the altered character of the contents of the ear.

A striking illustration of this has recently come under my observation, and seems not unworthy of mention. A lad, nine years of age, was brought to my office, in December last, suffering with otorrhœa. Both ears were similarly affected; and the discharge, which was very offensive, had commenced some two years before, without assignable cause. The meatus auditorius being filled with semi-fluid pus, the syringe was resorted to, in order that the deeper structures of the ear might be brought to view, and their condition noted. To my surprise, the stream of water not only brought out of the ear, first syringed, a considerable quantity of thick pus, but, also, the bodies of two flies (common house-flies). They were thoroughly macerated and softened, and presented the appearance of having been for a long time subject to the action of the fluid by which they were surrounded.

The other ear was next syringed, and if my first discovery had surprised me, I had certainly occasion to be astonished when exactly the same condition of things revealed itself in this one. Two more flies, presenting the same macerated appearance, came out of the second ear, together with the pus in which they had been embedded.

The patient had an indistinct recollection of a fly having gotten into his ear during the previous summer, and it is most probable that at that time, the flies, whose bodies I had discovered, being attracted by the odor of the discharge, had entered the auditory canals, and, being unable to extricate themselves, had perished as a punishment for their greed. The ears not having been syringed, and the discharge not being copious, they had remained undisturbed until discovered as above related. The mother did not think it at all likely that he would have put the flies into his ears himself, as he was "not a mischievous boy." Large perforations were discovered in both tympanal membranes, which accounted for the long continued otorrhœa.

In writing the account of the above case, I am reminded of a somewhat similar one which I have heard Prof. Politzer describe at his clinic in Vienna. Upon one occasion he syringed from a patient's ear, together with a quantity of inspissated cerumen, the bodies of three different insects; if I mistake not they were those of a flea, a louse, and a bed-bug.

My grandfather, Prof. N. R. Smith, has, during his extended experience, met with several remarkable instances of the entrance of insects into the auditory meatus. In one instance he encountered a case very much like that described by Politzer, except that but two insects instead of three were discovered. He relates also another, which occurred in the practice of his father, the late Prof. Nathan Smith, of Yale College, in which a fly having blown in a man's ear, during sleep, the maggots, presently coming in contact with the membrana tympani, created such an uproar, and sensations so unbearable, as almost to drive the man frantic before relief could be obtained. In another case, a honey-bee flew suddenly into the ear of a man who was quietly walking in his garden. At once the man was thrown into such a state of frenzy and excitement that he was unable for some moments to explain what had happened, and those who beheld his actions concluded that he had suddenly gone mad.

Sir William Wilde says in his book upon diseases of the ear: "I remember being out shooting on a plantation many years ago with a friend, who, suddenly exclaiming, 'Oh! an earwig,' and throwing aside his gun, fell on the ground, making the most piteous moans, and rolling about in convulsive agony." Sir William relates that, having procured some water from a neighboring ditch, he poured it into the meatus, and, watching for the result, soon saw "a little animal, well known among anglers as the hawthorn fly," creep out, and the gentleman was at once relieved.

Some months since, a patient came to consult me, saying that during the previous night, while she was asleep, a bug had crawled into her ear and had caused her great suffering, which was finally relieved by pouring into the ear laudanum and glycerine. I discovered in the meatus a cockroach, which had penetrated to the inner extremity of the canal before the remedies used had succeeded in destroying its life. After removing it, the membrane and the walls of the meatus in

proximity to it were found to be highly congested, but no further trouble resulted.

The movements of the wings and feet of insects in contact with the drum membrane produce most distressing and painful sensations, as the descriptions of the cases I have mentioned show, and it becomes, therefore, a matter of the first importance, when living insects have entered the meatus, to be able, as quickly as possible, to kill them; after which they may be removed at leisure, and with greater ease, either by syringing or by the forceps if necessary. This may be best accomplished by pouring into the ear a small quantity of any mild oil, or of melted lard; although the most popular remedy for this purpose is human urine. With this latter remedy I have had no experience, but it certainly possesses the advantage of being always available, and I doubt not would be quite efficacious.

Translation.

ON SPRINGING* FINGERS.

By Dr. Arthur Menzel, of Triest.

From the Centralblatt for Chirurgie, August 29, 1874.

Notha and Nélaton have described a peculiar, partial stiffness of the finger which, though in other respects normal, resists for some time all efforts to flex it, and then suddenly shuts up, like a pocket knife, with a painful snap. Extension occurs in the same way. Nélaton thought he had discovered, in the flexor tendon, a small, round, movable body, which he considered the cause of the trouble. He holds that, as soon as the finger begins to bend, this body meets with resistance from the fibrous bands which strengthen the sheath of the tendon, but that on continuance of the effort it squeezes itself under these bands and springs out on the other side of them. W. Busch, however, has examined two cases without discovering anything unusual, either in the joint or in the sheath of the tendon. . . . . .

I shall allow myself to add to the few cases that have been observed a new one, which, partly by itself and partly by the experiments it induced me to undertake, may lead to the explanation of this remarkable phenomenon. Marie Froman, embroiderer, aged 42, of Triest, suffered, during the past winter, from rheumatic pains in the lower extremities. Two months ago (May 16, 1874), while at work, she suddenly felt so sharp a pain in the region of the metacarpo-phalangeal joint of the right thumb that she cried out. She thought that she had run a needle or a thorn into the flesh, but, after a careful examination, entirely dimissed the idea. From that time, the pain never entirely left her, by day or night. After a fortnight, she first noticed the springing of the thumb, and, at times, was unable to bend it.

When I examined the patient (July 16th), I found the following condition: resistance is felt when the last phalanx of the thumb is bent to an angle of 150°; if the flexion is continued with a moderately increased force, the last phalanx suddenly flies, with a slight snap, to an

* This adjective hardly corresponds to "schnellend" in the original, but the meaning is shown in the first sentence.

angle of 90° (with the first phalanx). It springs in the same way when the attempt is made to bring it from the flexed to the extended position. The occurrence is the same whether the motion is active or passive.

The patient, as well as those that examined her, referred the springing and the snapping to the joint between the phalanges, but a very thorough examination showed nothing abnormal there. There is no swelling, and entire freedom from pain, even during hard pressure. On the contrary, there is a very tender point during pressure on the flexor tendon opposite the metacarpo-phalangeal joint, and at the same place on the ulnar side of the tendon there is a small, elongated, hard and immovable body, which appears to be the origin of the pain. Precisely the same prominence is found in a corresponding portion on the other thumb, only in the left hand it is entirely painless.

The case is remarkable on this account, that the springing apparently takes place in the joint between the phalanges, while the great pain on the palmar surface of the metacarpo-phalangeal joint makes it highly probable that the cause of this springing lies in some affection of the tendon and its sheath.

With my assistant, Dr. Sbisa, I undertook some experiments on the cadaver to make artificially springing fingers. We first proposed to ourselves the question, is a circumscribed thickening of the tendon—a tumor—alone sufficient to cause this phenomenon? . . . . . The tendon of the deep flexor was laid bare to a small extent opposite the second phalanx and tightly surrounded by from two to four turns of a thread, which thus formed a small circumscribed tumor of the tendon. The tendon was then returned to its sheath, and movements made, sometimes by simply bending the finger, sometimes by drawing on the corresponding tendon, which was laid bare at the wrist. The movements were less smooth than usual, but had no springing character. This appeared only when, with a tumor of the tendon, the resistance of the sheath was either decidedly increased or diminished.

In order to increase the resistance, we made an artificial contraction of the sheath by firmly tying the sheath, after it had been opened as before, together with the enclosed tendon. The movement was smooth till the tumor of the tendon reached the contraction of the sheath, and then it stopped at once; but, on increasing the strain, the finger sprang with a snap into the intended position. The feeling was precisely as if the trouble was situated in one of the joints of the finger. . . . . On the other hand, the springing can be easily caused by taking away the resistance of the sheath by removing a small piece of it. . . . . .

Inasmuch as Nélaton's cases seemed to imply that this phenomenon was due to bodies in the sheaths of the tendons, ... I introduced, through very small openings, foreign bodies, such as millet and hemp seeds and grains of rice, and pushed them with a probe some way into the sheath. These bodies usually slipped to the sides of the tendon, but as a rule moved with it very slightly or not at all. Springing never occurred.

The following conclusions appear to me justified by what has been said:—

1. The springing must always be due to an affection of the sheath; the examiner has, however, always the impression that it occurs in a joint of a finger.

2. Neither a circumscribed tumor of the tendon without contraction of the sheath, nor such a contraction without a tumor, is sufficient. Both are necessary.

3. The springing can occur as well when, besides the presence of a tumor in the tendon, there is a corresponding rent in the sheath.

4. Free bodies do not cause springing, even when a contraction of the sheath coëxists. . . . . The tumors and contraction are probably products of inflammation.

As to the case reported above, I should add that the springing disappeared in a few days after tincture of iodine and warm baths; but the motions of the thumb continued to be very painful, and work is still out of the question.

Progress in Medicine.

REPORT ON THERAPEUTICS.

By R. T. Edes, M.D.

(Concluded from page 279.)

Atropia and Calabar Bean.

M. Martin-Damourette publishes in the *Journal de Thérapeutique* a series of articles with experiments upon eserine and atropia as mutual antidotes. As the question is one of but exceedingly limited practical value, and as the theoretical deductions are, as yet, far from clear, we present only a few of the results.

The action of small doses of atropia as an antidote to poisonous doses of eserine is incontestably proved as to animals, but should not be tried upon man except with great care. (The experiments of M. Martin-Damourette were made upon birds, cats and frogs. Those of Prof. Fraser, who found a wide range of antagonism between the two poisons, were made upon rabbits, which bear doses of atropia relatively and absolutely enormous as compared to those which are poisonous to man.)

The coinciding effects, either convulsing or paralyzing, of the two substances, given in larger or smaller, but non-poisonous doses, may be added to each other and cause death.

The neuroparalysis, which each of them produces, reduced to therapeutic proportions by the moderation of the dose, would authorize their employment in combination in the treatment of certain convulsive neuroses, and in particular of tetanus. It may be added, to give the practical question its true bearing, that one, at present, almost never has to treat a case of poisoning by calabar bean, either accidental or otherwise, while it is not rare to see poisoning by belladonna or atropia. (Less common with us than in Europe, where the belladonna berries are eaten by children.)

Unfortunately, both the experiments of Martin-Damourette and those of Fraser show that the preparations of calabar bean cannot be used to counteract poisoning by belladonna, since doses of atropia, inferior by more than half to the fatal one, are rendered fatal by the administration of non-poisonous doses of eserine, this taking place by the addition of poisonous properties of the two substances acting in the same direction.

MM. Rossbach and Frölich (*Journal de Thérapeutique*, No. 9, p. 357) have also experimented upon the antagonism of atropia and eserine. They find that in very minute doses, atropia contracts the pupil, while in very large ones, eserine dilates it, so that as regards this symptom, the two substances antagonize each other only in the middle range of their action, while they coincide at the extremes.

As regards the heart, in some animals, atropia in very small doses diminishes the number and increases the vigor of the pulsations. Larger doses paralyze it. Small doses of eserine produce but little effect upon the heart of the frog, but larger ones produce a complete paralysis.

MM. Rossbach and Frölich therefore have but a limited belief in the antagonism of the two drugs.

E. Harnack (*Archiv für Experimentelle Pathologie und Pharmakologie*, 1874, p. 307) criticizes, with apparent justice, the above experiments as not being conducted with the necessary precautions to justify conclusions so different from those reached by many previous investigators. He then adds a series of his own, which go to show that the slowing of the heart, asserted by these authors to take place with small doses of atropia, does not exist, and, when occurring in their experiments, was due to other causes than the specific action of the drug.

Digitalis.

Dr. Görz (*Archiv für Experimentelle Pathologie und Pharmakologie*, 1874, p. 123) has examined, chemically and physiologically, three substances obtained by Nativelle from digitalis. These are digitalin and digitin, crystallizable and soluble in alcohol, and digitalein, amorphous and soluble in water. Digitalin and digitalein are both active, digitin inert. Görz was able to obtain from the specimen of digitalis at his disposal only an exceedingly small quantity of digitalin, but a considerable amount of digitalein, and supposes that the dried leaves frequently contain but very little of the crystallizable principle. It seems that these facts may account for the uncertainty of the action of tincture of digitalis, which may or may not contain crystallizable digitalin, while the more reliable watery infusion is sure to contain amorphous digitalein, which is equally efficacious. Nativelle considers digitalein to be the active constituent of the officinal (not crystallized) so called digitalin.

It has generally been supposed that the diuretic effect of digitalis depends not on any specific diuretic action of the drug, but entirely upon its ability to increase the blood tension in the arterial system in general.

Drs. Brunton and Power (*Centralblatt*, July 4, 1874, p. 497), however, conclude from their experiments that this is not the case, since the secretion of urine diminishes, or even ceases, when the blood pressure reaches its highest point after the injection of digitalin, and reappears as the pressure begins to fall. They suppose that digitalis contracts the vessels of the system in general, and those of the kidney in particular, and that the latter are probably the first to relax and dilate, thus allowing a local increase of pressure in the malpighian bodies as the general pressure diminishes. They admit also the possibility of a direct action upon the secreting structure of the gland.

Jaborandi.

M. Coutinho, of Rio Janeiro, describes in the *Journal de Thérapeutique*, No. 5, p. 161, the effects of a Brazilian plant, known to the natives as jaborandi. It appears to be by far the most powerful diaphoretic known, not depending for its powers, like most other diaphoretics, in great part upon the heat of the menstruum. It may be taken in cold infusion. The salivary secretion is also greatly increased, so that the patient is for a time almost unable to speak, so rapidly does his mouth fill with fluid. The bronchial secretion is also augmented.

M. Gubler, the editor of the periodical just quoted, has confirmed the observations of Dr. Coutinho. He has several times collected a litre (about a quart) or more of saliva in less than two hours. One of his pupils, who perspires with great difficulty, obtained a sweat by taking, while sitting up, a cup of the infusion scarcely warm. He says that the plant brought by Dr. Coutinho is the first undoubted example of a diaphoretic truly worthy of the name, that is to say, a drug having the power directly to provoke the secretion of the sweat by a special stimulation of the sudoriparous apparatus.

The specimens brought by Dr. Coutinho, having no flowers, could not easily be identified; but, from a comparison with a collection of Brazilian plants, it appears that jaborandi is identical with a species of the family rutaceæ, the pilocarpus pinnatus, growing in the province of St. Paul in Brazil.

Rabuteau *(L'Union Médicale*, 1874, No. 45, and *Centralblatt*, 1874, p. 528) has still further confirmed, by experiments upon himself, the statements of Coutinho.

Apomorphia.

E. Harnack *(Archiv für Experimentelle Pathologie und Pharmakologie*, p. 254) concludes from his experiments on various animals, that although the name of emetic, as applied to apomorphia, is practically a suitable one, yet it is theoretically incorrect, for the emetic action is only one link in the chain of its effects, although practically the most important, and in animals which vomit easily, the most striking.

The action of apomorphia is chiefly limited to the nervous centres, those of respiration, voluntary motion, sensation, and also of vomiting. These are excited by small doses, and paralyzed by very large ones. Muscular relaxation, either from a paralyzing influence upon the muscle itself or upon the nervous centres, is also an effect. The former condition (direct paralysis of the muscles) may be observed in the frog.

The heart is paralyzed in the frog.

So far as the therapeutic application of apomorphia is concerned, the collapse frequently observed in children after its use is the only point demanding attention. Without recommending its disuse with children, the author says that the dose, instead of the usual $\frac{1}{32}$ or $\frac{1}{22}$, should be only from $\frac{1}{130}$ to the $\frac{1}{65}$ of a grain, which, he says, will not fail of its effect.

M. Carville (*Journal de Thérapeutique*, No. 14, 1874, p. 552) recommends the employment of apomorphia in cases of poisoning. The subcutaneous injection of one centigramme ($\frac{1}{6}$ grain) produces powerful emetic effects. The solution should be made at the time, since it rapidly decomposes. (Harnack found a solution efficacious which had

been kept a year and was of a deep green color, and refers to Quehl for a similar observation.) In powder apomorphia keeps well.

M. Raymond has observed the good emetic effects of apomorphia in the wards of M. Vulpian, who uses it as the habitual emetic.

Jurasz has used apomorphia as an expectorant, and finds that in cases of tracheitis and bronchitis, including inflammation of the smaller and smallest bronchi, the tough mucus, expectorated with difficulty, is easily dissolved, the sputa become more copious, and the expectoration easier; the improvement in the physical signs corresponds, the râles at first dry, sibilant and sonorous, becoming moist and gradually decreasing.

The dose for an adult is from the $\frac{1}{65}$ to $\frac{1}{2}$ of a grain, in water, syrup and muriatic acid.

Arsenic.

Unterberger and Boehm *(Archiv für Experimentelle Pathologie und Pharmakologie*, 1874, p. 89*)* have made a series of experiments which tend to modify the views generally held as to the modus operandi of arsenic. They find that arsenious acid injected into the blood of mammals produces an enormous fall of the blood pressure, together with a slowing of the pulse. This phenomenon is due in part to a paralysis of the abdominal vessels, in part to a diminished contractile force in the muscular substance of the heart. The cardiac nerves, however, retain their normal condition, and the vessels of the sympathetic territory (head and neck?) are not paralyzed.

They find also that the symptoms and post-mortem appearances produced when arsenic is injected into the blood are not distinguishable from those found when it is taken by the mouth, except that the fatal dose is larger in the former than in the latter case.

The amount of the mineral found in the intestinal canal, when an animal was killed by arsenic injected, was too small to account for the local appearances on the theory usually held, i. e. its elimination by the stomach and the production of irritation on its passage through the secreting organs.

They content themselves with thus indicating the untenability of the usual views of arsenical poisoning, without endeavoring to construct a complete theory of their own.

Cundurango.

Obalinski *(Centralblatt*, July 25, No. 36, p. 561*)* reports two cases, one of a woman of 80, with a shallow epithelial cancer of the lower eyelid, and another of a woman æt. 50, with a cancroid as large as a bean upon the side of the nose, constantly returning after cauterization with caustic potassa, both of whom were treated with a decoction of cundurango bark, fifteen grains three times a day internally, and an external application of charpie soaked in the same.

After six weeks of treatment, both the ulcers were healed. He attributes two previous failures of the same medication in cancers of the foot and of the temple to the use of inferior preparations.

(This surgeon would probably be interested in the fatal result of the case of the lady who furnished such a large advertisement for Bliss & Co., and who must have enjoyed every facility for obtaining the very best article the market afforded, and whose surgeon if anybody did, how to prepare it.)

Bibliographical Notices.

Essays on Conservative Medicine and Kindred Topics. By AUSTIN FLINT, M.D., &c. Philadelphia: H. C. Lea. 1874. Pp. 214.

THE distinguished reputation attained by the author as a teacher and writer predisposes the reader of these essays to believe that they will present to him very much that is suggestive and instructive; and a perusal of the book does not falsify the hope. Elegant, forcible and direct in style and diction, these gathered contributions to medical literature, extending over a considerable period, and first published under varied conditions, are the fruits of a mature experience and an accomplished mind, and represent the best thought of American physicians concerning the topics discussed. The author deserves the thanks of the profession for republishing the essays in their present form. From the fact that some of the writings dealing with allied topics, were originally published in different medical journals, the reader will notice something of repetition in ideas and expression; but the re-iteration affects matters that bear such treatment well.

The first three essays discuss what the author denominates "conservative" medicine. Getting a suggestion for the term from the well understood expression "conservative surgery," the essayist defines his subject as including "everything which prevents impairment of, or tends to develop and sustain, the powers of life." "The conservative surgeon aims to preserve the integrity of the body. * * * The conservative physician shrinks from employing potential remedies whenever there are good grounds for believing that diseases will pursue a favorable course without active interference." It will be seen that the term "conservative medicine," so employed, has a synonymous meaning with the expressions "rational medicine," and "expectant treatment."

The author developes his idea with logical clearness and consistency. He traces the changes from the "heroic" practices of former times to the more reasonable methods now prevailing. The earliest and fullest development of the new order is awarded to New England, to the writings and teachings of Bigelow, Jackson and Ware, the legitimate fruit of advanced scientific research. After an interesting historical review of the change in medical thought and practice, and of the reasons therefor, the author examines more in detail the application of conservatism to therapeutics and hygiene.

In the fourth paper, an anniversary discourse, Dr. Flint gives an exceedingly interesting sketch of recent advances in medical science. Incidentally, he alludes to auscultation and its value as an aid in diagnosis. For the younger generation of physicians, it is rather difficult to realize that so late as 1836 the stethoscope was spoken of slightingly by writers who stood high in the profession, yet our author so asserts.

The study of the natural history of diseases receives in this essay well merited attention; the writer says that by this study physicians have found out that many diseases are self-limited, that they tend intrinsically toward recovery, and that they have a well-established individuality.

The fifth essay is devoted to a discussion of alimentation in disease. The author makes a strong plea in favor of generous diet in the treatment of diseases. "If we except," he says, "the early stages of some acute diseases, in which it may be an object to withhold aliment with an indirect reference to depletion, there is never any risk of hypernutrition."

In the sixth paper, we have a broad and intelligent view of the meaning of tolerance of disease—the ability of the vital powers to endure morbid processes, whether acute or chronic. "Conservatism in medical practice is the protection and promotion of tolerance"—the economizing of vitality.

The seventh essay deals with the reciprocal influences of the mind and body on the causation, prevention and cure of diseases.

The closing article has for its purpose to prove that the existence of dis-

ease is an evidence of Providential design in the affairs of the world—that disease is a part of the plan of creation, and ordered for a benificent purpose. The author adduces many pertinent illustrations from his clinical observations to confirm his proposition. The essay was addressed to a popular audience, but it is characterized by a depth of research and a catholicity of judgment that must make it instructive to even the most scientific reader.

We have given only the barest outline of these exceedingly interesting essays. To say that they are deeply suggestive, that their tone is healthy and their tendency salutary, is scant praise. They are creditable to the head and the heart of their distinguished and widely respected author.

Nomenclature of Diseases: Prepared for the use of the Medical Officers of the United States Marine Hospital Service. By the Supervising Surgeon (JOHN M. WOODWORTH, M.D.). Washington: Government Printing Office. 1874.

THE "Provisional Nomenclature" of diseases, drawn up by a joint committee appointed by the Royal College of Physicians of London, England, has been adopted by the United States Marine Hospital Bureau "as the nosological system to be observed by medical officers of the service in their reports and communications." This action has been taken by the Bureau in the belief that the "Provisional Nomenclature" forms the most promising basis for a standard and international nosonomy and classification, being subject to a decennial revision, in which it is probable that the profession in this country will be represented, and being, moreover, the work of men of the highest standing in the profession. This is the first official adoption of the work in this country, although the classification of diseases in the statistics of mortality for the IXth Census of the United States was practically made in accordance with it. It has also been endorsed by the action of the American Medical Association. The present edition is a copy of the English original, with the omission of the French, German and Italian equivalents. We think this omission, although it would doubtless have increased the size of the book beyond desirable limits to retain them, is nevertheless to be regretted, the extent to which German and French works are consulted by the profession in this country making the presence of these two languages, at least in the nomenclature, almost indispensable. A very complete and valuable index accompanies the book, making it doubly useful for reference. We are glad to see works of this kind executed under Government auspices. The printing and style of the book speak for the thoroughness of the work done at the Government Printing Office.

BOOKS AND PAMPHLETS RECEIVED.

A Practical Treatise on the Diseases of Women. By T. Gaillard Thomas, M.D. Fourth edition, thoroughly revised. Philadelphia: H. C. Lea. 1874. Pp. 801.

The Protection of Animals. By George T. Angell. (Read at the Annual Meeting of the Social Science Association, 1874.) Riverside Press, Cambridge. Pp. 16.

Nelaton's Method of Resuscitation from Chloroform Narcosis. By J. Marion Sims. Read at the Annual meeting of the British Medical Association.

The Hypodermic Use of Quinine: A Dangerous Experimental Medication rarely Justifiable. By Stephen Rogers, M.D. From the New York Medical Journal. Pp. 15.

PROFESSOR HEINE, of Prague, treats chronic enlargements of the prostate by injections per rectum of ten drops of tincture of iodine with twenty of water. Of eleven cases treated by this plan, good results are reported in all.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. F. B. GREENOUGH, M.D., SEC'Y.

JUNE 8th, 1874.—*Paraplegia, with contraction, eschars, congestion and sclerosis of Spinal Cord from compression by a Tumor.*—Dr. EDES reported the case and showed the specimen.

A negress, æt. 25, entered the City Hospital April 10. She had had a still-born child at term, and a miscarriage at four months last winter.

Since the previous June (ten months), she had been gradually losing power in legs, and for last four weeks had been unable to walk. For three months there had been pains in back and legs, which had somewhat diminished at time of entrance. Except stiffness of joints and loss of power, has felt well.

Two days before entrance had difficulty in passage of urine, which becoming complete retention on the next day, was relieved by catheter.

At the time of entrance, the legs were drawn up and rigid. She was able to extend them slowly and with some pain. Was suffering from retention of urine, which was relieved by catheter. Bowels constipated. If her legs were suddenly drawn down, a spasmodic movement in the direction of flexion resulted. This condition gradually passed into complete paralysis. The reaction of the muscles to the galvanic and to the induced current appeared to be normal.

It was difficult to determine with accuracy the condition of sensation. It appeared as if tactile sensibility in the legs were lost for some time before death, while sensibility to pain continued. She constantly reported two points of contact as one, or else answered entirely at random, although she appeared at times to feel a pain from the experiment. On one occasion, she reported sensation from the battery current, when none was passing. The above was the condition in the legs and lower part of back. There was no tenderness of spine, either to pressure or percussion.

The urine was at times voided involuntarily, as were the fæces toward the last. At other times, the catheter had to be used. The urine contained some albumen, with pus and mucus. The left side of the face was partially paralyzed, and at times affected with muscular twitchings. So far as she knew it had always been so. She gradually failed, becoming weaker, and taking but little food, and passing urine and fæces in bed. She usually lay upon her back, with the mouth open, head somewhat retracted, and much sordes on teeth. The right leg was strongly flexed, and adducted so as to be thrown over upon the left side. The movements of the hands became weak, but there was never any paralysis.

During the last fortnight, extensive sloughs formed over the sacrum and trochanters. She died May 30th. The pain was relieved at first by the galvanic current, as it had been before entrance. Iodide of potassium was ordered, but it is probable that she did not take a great deal of it.

Autopsy.—The calvaria was of great thickness. The brain (including cerebellum) weighed forty ounces. The dura mater presented

nothing abnormal before removal, but the pia mater was much congested, the vessels being enlarged and tortuous. The substance of the cord itself, especially the grey matter, was somewhat reddened.

Upon further examination of the dura mater after its removal, a flattened mass was discovered adherent to its anterior surface, and presenting the appearance of having been torn from some portion which probably remained in the spinal canal. Unfortunately this was not discovered until some hours after the removal, when a further examination of the anterior wall of the canal, where there was probably another attachment of the tumor, could not well be undertaken. Its length was about two inches, and its point of greatest thickness, where, of course, the compression of the cord was greatest, was just below the cervical enlargement, so that the tumor may be said to have occupied the lower cervical and upper dorsal regions. Laterally it did not pass beyond the anterior nerve roots on the right, and but slightly beyond on the left, where, however, its thickness was considerably greater. Its edges were not distinctly limited.

Upon examination of the nearly fresh specimen, it was found that, in the region of greatest compression, the vessels were fatty, many "granulation cells" present, and occasional masses of pigment. The myeline appeared more broken up than normal. A zone of exudation surrounded some of the vessels.

These changes, especially the fatty, were more marked in the anterior and posterior columns, less in the lateral. These always diminished in degree, in both the upward and downward direction.

Upon making sections of the hardened cord, the fatty changes, of course, ceased to be visible, owing to the process of preparation. The most obvious features in the transparent sections were the greatly enlarged and numerous vessels which were filled with blood. These were seen in all parts of the sections in the affected region, but were especially numerous in the posterior horns, of grey matter. In the neighborhood of the point of greatest compression, and especially upon one side (probably the left), the vessels were accompanied by a considerable amount of connective tissue.

The nervous tissue, especially in the anterior columns, was atrophied, the usual concentric circles of myeline, around the axis cylinders, being either absent or very small, while the axis cylinders themselves were either absent or difficult to detect from the change in their usual relations and the hypertrophy of connective tissue. The anterior portion of the lateral columns had apparently undergone a certain amount of change of the same character, and also the posterior columns. These changes extended but a short distance beyond the point of compression, the lumbar and even the middle dorsal region being free even from marked congestion.

The tumor consisted of laminæ of dense connective tissue, continuous with that of the dura mater, enclosing masses of medium-sized, oval and irregular nucleated, and a few spindle-shaped, cells.

It is to be regretted that the circumstances of the autopsy prevented an examination of the anterior surface of the tumor, which might have thrown more light upon its origin.

Nothing was found in the medulla oblongata, or facial nerve, to account for the partial facial paralysis.

Partial dislocation of the left Os Innominatum.—Dr. PORTER reported the case as follows:—

A lady, 52 years of age, fell down a short flight of stairs, striking upon her left side, but causing no bruise or ecchymosis to mark the point upon which she struck. When I first saw her, she complained of great pain through the pelvis, locating it principally at the symphysis. I suspected, from the nature of the accident, that she had fracture of the neck of the femur, but, upon careful examination, the pelvis being supported (on account of her loud complaints on any motion), no fracture or dislocation of the femur could be found, the foot being readily placed in its normal position. The patient—an exceedingly intelligent one—declared herself "disjointed," and located her severest pain at the symphysis pubis and left sacro-iliac synchondrosis. Upon examination, there was perceptible motion of the left os innominatum upon its fellow and the sacrum, and at the symphysis pubis a slight dislocation upward of the left bone. The pelvis being supported, she could perform all motions of the legs with but little pain, but without support the least movement was torture. There was no crepitus. There was but one conclusion, a partial dislocation of the left os innominatum. I stated it, and also that it was to me an unique injury.

She then told me that she had been weak there for many years; that she was the mother of ten children, and had always difficulty in walking during the last few months of her pregnancies, and for some months after, from relaxation of the pelvic ligaments, necessitating strong "binders" for months. The pregnancies had followed each other rapidly, and this fact, with the relaxation of the ligaments, explained to me the possibility of this rare accident. Strong, wide bands of adhesive plaster were applied from time to time around the pelvis; these she wore for three months, with confinement to bed for nearly that time.

She made an excellent recovery.

Wound of Heart, probably from a Knife. Dr. Goss reported the case and showed the specimen.

L. N., aged 21, was murdered on the morning of February 15, 1874. He was found by the police, who were summoned by his cries, about 1, A. M., and died in the station house about half an hour later. Besides several bruises on the body, and a number of cuts on the face, he received a mortal wound in the chest, which penetrated the heart. The weapon, with which it is supposed the wounds were inflicted, is a pocket knife having a dull blade about half an inch in width and three inches in length.

The wound in the chest was transverse in direction and situated one and one-half inches above the tip of the ensiform cartilage, and three-quarters of an inch to the right of the median line. Through the wound, which was about half an inch in length, a probe could be passed inwards, upwards and to the left, a distance of two inches. On opening the thorax, it was found that the wound penetrated the walls of the chest, between the cartilages of the sixth and seventh ribs close to the right border of the sternum, thence passed through the cellular tissue of the mediastinum, through the pericardium and, finally, entered the right ventricle of the heart, at the base of one of the columnæ carneæ of the tricuspid valve.

The wound of the heart was about one-third of an inch in length, and nearly horizontal in the normal position of the heart. All the cav-

ities of the heart were destitute of blood. The pericardium contained nearly eleven fluid ounces of blood, dark, and, for the most part, clotted. The anterior mediastinum, from the diaphragm as high as to the third rib, was infiltrated with blood. No blood was found in either pleural cavity, nor was either lung injured.

Myxo-sarcoma of the right Testicle.—Dr. Hosmer, of Watertown, reported the case.

J. McN., Irish, a small, but well-proportioned, man, aged 68. His life has been a steadily industrious one, involving a good deal of hard labor. Although he has not abstained totally, he has never indulged excessively, and his general health has always been excellent.

In 1869, he first noticed an enlargement upon the right side of the scrotum. This gave him no inconvenience, but underwent a gradual increase of size. And I am satisfied, from the results of close questioning, that hydrocele formed no part of the original swelling, and that from the first the testicle itself was the seat of a disease, in the later stages of which effusion took place within the tunica vaginalis. Sometime in 1871, such changes had taken place in the condition of things, that the testicle, as such, could no longer be identified. The growth of the mass went on, receiving no attention from the patient until about two years ago, when it had attained such dimensions as to incommode him somewhat. He then sought relief in a suspensory bandage, purchased somewhere in Boston, and was advised by the vender of the same to go to the hospital, and be tapped. This advice was not heeded. He soon outgrew the suspensory, and was forced to depend upon such contrivances for mechanical support as domestic ingenuity could devise; meantime performing his usual work, and losing none of his efficiency as a laborer. And it is only within a few months that the disease has come to be a serious impediment. During the past winter and spring he has lost a very little flesh, has suffered a slight diminution of strength, has been more sensitive to cold weather, and more inclined to sit still in the house; yet he has been able to perform some labor, such as sawing wood. Early in April, there came to the scrotum on the diseased side, a sudden and considerable increase of size which affected chiefly the upper and outer portion of it. April 16, for the first time, the symptom of pain appeared in the case, and this was less an uncomfortable sensation within the scrotum, than a feeling of weight and dragging located in the inguinal and lumbar regions of the right side. About this time the patient took to his bed, and on Sunday, April 19, 1874, sent for me. I obtained from him the facts as stated above. His general condition, though a little below its usual average, was quite satisfactory. His local condition, very striking even to careless inspection, may be given in detail, as follows: There lay between his thighs the scrotum so distended that it measured, by estimate, eight inches vertically, and nearly five horizontally. The skin was thin, soft, free and elastic. There could be felt within, two distinct portions; first, an exterior layer of liquid, detected by fluctuation, confined mainly to the lower anterior and upper lateral (outside) portions, and at the latter point at least half an inch thick; secondly, a central solid mass, ovoid in shape, neither sensitive nor insensible, heavy in the hand, not perfectly uniform in its density, and presenting here and there upon its surface some small nodular irregularities. The spermatic cord was absolutely free from engorgement or

tenderness, and could be traced down to its connection with the tumor. No testicle could be found. By tapping at two different points with the aspirator, I drew away twenty ounces of yellowish serum, such as a hydrocele ordinarily yields. This reduced the swelling in size and weight, and gave complete relief to the pain which was first felt three days before. I then thrust the needle of the instrument into the upper portion of the mass where it was softest, but with a negative result.

Although unable to settle the question of diagnosis, on visiting the patient on the following day, I suggested the removal of the disease by surgical operation, and signified my readiness to do it. He received the proposition very calmly, and requested time for consideration.

April 30.—A returning effusion into the cavity of the tunica vaginalis had caused a return of pain and discomfort, and another tapping was requested. Somewhat less than a pint of bloody serum was obtained with the aspirator. The relief of pain was as marked as before.

At this time all the facts and possibilities which the case involved were plainly stated to the patient, and he was urged to decide the question of operative interference.

May 2d.—He informed me that he wished to have the diseased testicle removed.

May 4th.—The operation was done, in the presence and with the assistance of three of my professional neighbors, Drs. Richardson, Stone and Thayer. The patient was etherized, and after the preliminary use of a razor, an incision was made from the external ring to the bottom of the scrotum.

Although the size, shape and smooth exterior of the tumor rendered its manipulation a little inconvenient, its connection with the integument was easily divided, consisting as it did of a superabundance of loose cellular tissue. The spermatic cord having been cleanly dissected at its lower extremity, was seized with suitable hooks, and divided with the knife, after which the requisite ligatures were applied. On making a section of the tumor, about ten ounces of bloody fluid escaped from the tunica vaginalis. The solid portion, enveloped in two single compresses and a towel, weighed $63\frac{1}{2}$ ounces. The weight of the mass removed may be safely stated as 70 ounces.

May 11th.—One week from the operation. No untoward symptom yet. The condition of the patient is unexpectedly promising.

The specimen was shown by Dr. Fitz.—

An examination of the tumor showed no evidence of extension of the disease along the spermatic cord. The cavity of the tunica vaginalis was in part obliterated by adhesions; some, quite firm; others, easily broken down. The tunica vaginalis was very much thickened and indurated; its surface presented patches of hæmorrhagic false membrane. At various parts, the growth had extended through the tunica albuginea, in the form of flattened and rounded nodules the surfaces of which were intimately connected with the parietal layer of the tunica vaginalis.

The disease was found to extend throughout the entire testicle, no normal tissue remaining. A distinction between epididymis and testis was apparent though not sharply defined, suggested rather by differences in density, color and form. The entire mass was cut with great ease, the firmest portions being found in the epididymis. These were more or less distinctly lobulated in section, gray, somewhat

translucent and permitted the escape of a moderately viscid opaque fluid.

The body of the testis was composed of a soft basis substance, yellow and opaque, at times gray, in which were numerous apparent cavities, the largest of the size of walnuts; all contained a viscid, transparent material, in parts almost fluid, elsewhere semi-solid, varying in color from yellowish- to reddish-brown. In those spaces where the substance was the more fluid, the periphery was smoother. Other portions of the tumor were of a gray color, streaked and dotted with red lines and points, dilated and injected bloodvessels with exceedingly delicate walls. Hæmorrhages had also occurred in various parts of the tumor. The microscope showed that the more gelatinous portions were composed of a more or less homogeneous material, in which were numerous delicate fibrils forming meshes containing large round cells (mucous corpuscles) in varying numbers, some fatty degenerated. Large, spindle-shaped, homogeneous glistening bodies were found; also the so-called colloid bodies, large spheroidal masses with similar optical properties so those just referred to.

The denser viscid portions presented the fibrils, basis substance and round cells; in addition, numerous spindle and stellate cells, often anastomosing. In the firmer, opaque yellow parts, similar cells were found, all filled with fat drops; the fibres were more abundant and larger, often arranged in bundles. The firmest portions of the tumor were composed almost entirely of large, round cells, diffused throughout the mass, separated by fibres or by homogeneous substance. Everywhere in the tumor, the characteristic reaction of mucine was presented. Though the structure of the tumor indicated a myxo-sarcoma, it was evident that the myxomatous element strongly predominated, and occasionally might be regarded as a degeneration condition.

The prognosis of the case, Dr. Fitz considered as uncertain, as there have been very few cases of the nature reported. Virchow, however, speaks of one which occurred in Velpeau's practice, which did recover.

Dr. Wheeler had seen a case in which the disease had recurred, where the gross appearances were identical with the specimen now before the society.

Notes of Hospital Practice; Charity Hospital, New York.—*Mucous Patches* yield in a few days to the internal administration of one fourth of a grain of the green iodide of mercury, together with the local application of the solution of the acid nitrate of mercury. The same caustic proves very serviceable in condylomata, and is used in preference to others.

Buboes.—If these are the results of chancroids, any attempt to prevent their suppuration by pressure, with application of tincture of iodine, usually fails. When suppuration does take place, the dissection out of the gland by means of the handle of the scalpel is the best method to promote a speedy cure. The cavity is filled with balsam of Peru and oakum, in order to get the sore to heal from the bottom.

Epididymitis.—Many varieties of treatment have been had recourse to, but the one that gives the best results is the tobacco-poultice. The method of using it is to make a poultice with the tobacco-leaves and apply it to the scrotum at night. In the morning, it is found that much of the pain has disappeared. The poultice serves a double service—first, that of an ordinary poultice; and, secondly, that of a depressant and nauseant.

Phagedenic Chancroids.—The actual cautery is used to stop the phagedenic action, and serves its purpose very well.—*New York Medical Journal.*

Boston Medical and Surgical Journal.

Boston: Thursday, September 24, 1874.

The subject of quarantine has just received renewed attention at the hands of the national government. Two years ago, Congress passed a resolution appointing a commission to devise a system of quarantine, which should be adapted to keep at bay the contagious diseases liable to be imported, and which should be an improvement upon the prevailing methods. We have not as yet seen any practical results coming from this action on the part of Congress; but now we have an important circular order issued from the Treasury Department and prescribing the duties of United States officers with reference to quarantine and public health. This order directs the officers of the customs revenue, the masters and crews of revenue cutters, and the medical officers of the Marine-Hospital service, to render all needful assistance to local health boards and to quarantine officers in the execution of the health-laws of their State. Furthermore, in accordance with the national law under which these orders are promulgated, the military power may be invoked in pursuance of the same end. All this looks very formidable indeed, and we ought to feel grateful that our port-physician can command such efficient allies—that, in case of emergency, a score or more of sharp-scented customs inspectors can be called on to ferret out the unlawful contagium, that revenue-cutters may run down the cholera or the "yellow Jack," and that the great guns of Fort Warren, if the emergency be indeed very urgent, may be brought to bear upon the case.

Accompanying the order of the Secretary of the Treasury is a circular letter of Dr. Woodworth, the Supervising Surgeon of the United States Marine-Hospital service, calling for information and suggestions from local health authorities; the design being to make such data of quarantine regulations the basis of specific action. It will be truly a most beneficent thing if from all these measures there shall come some scheme of quarantine that shall give the greatest good to the greatest number, that shall respect the rights of travellers and of importers on the one hand and the welfare of great communities on the other.

Out of the exceeding diversity of opinions which characterized the deliberations of the International Sanitary Congress just held in Vienna, a conclusion concerning quarantine was reached favoring liberality in the matter of detaining ships coming from infected ports. The sick on board such ships should be removed to quarantine hospitals, and

the ships themselves should be disinfected, while the passengers who are not sick should be allowed to go on their way after a bath and a change of clothing—such was the dictum of the Vienna convention. And while river- and land-quarantine are impracticable, while railroads and steamboats provide the freest transit for disease, probably the above regulations are all that ought to be imposed on ocean transports.

Meantime, let us indulge in a little self-complacency in this latitude. The report of the port-physician of Boston for the year just ended states that during the year not any "sickness had been found on shipboard, nor was any reported to have occurred during the voyages terminating at this port." May it be very long before Dr. Fisher finds it necessary to invoke the aid of either the War Department or the Treasury Department to help him keep imported contagious diseases well out at sea!

Under the heading "A sad case," several of our newspapers have given in pitiful language, from the *Philadelphia Inquirer*, the history of a criminal pardoned from the Eastern Penitentiary, and of his release. The story has been too often told to need repetition. We allude to it for the the purpose of reiterating our belief that ill health is not a proper and sufficient reason for pardoning a prisoner. If a prison be not in as healthful condition as it can be made, it should be the duty of the authorities to make it so. If there be not as good medical attendance within its walls as can be had, such should be obtained. If the law provides too severe penalty for an offence, let the law be amended. But the object of punishment is for the protection of the public, not only by keeping the offender away from the public, but by its warning to deter others from committing crime. The fact that a prisoner is "intelligent," is much more a reason for punishment and seclusion than it is for pardon. We have sympathy for the parents; we pity the prisoner; but we have more sympathy for the public, and more pity for those who have suffered from the prisoner's misdeeds. Education, far from being an argument for his release, should be an argument for his longer confinement. The ignorant North Street cellar thief has not had the advantages of the swindler, who may have been born within a few rods of Boston Common; and if lenity is to be shown to either, the former should receive it. But prevention of crime being the object of the punishment, the sentence should be carried out in full, sick or well. The same effort which would be used to cut off a portion of the time of seclusion of the sick man who is guilty, should be used to obtain pardon for the sick man condemned to death for murder.

We can see no reason why the governor and council might not as

well provide for sending such to a more genial climate, where recovery of health and renewed powers of larceny might be obtained together.

After writing the above remarks, we have learned the details of a case in the state prison which comes just in time to show their justice. A man who was condemned in 1862, for an assault with intent to kill, to a long term of imprisonment, has for more than two years been feigning paralysis with great skill. We understand that some time ago a member of the legislature promised the would-be homicide to obtain his pardon if he was not well in a year, but happily could not fulfil his promise. The attending physician not being without suspicion, administered ether last week, after consultation with a well-known surgeon. The prisoner's powers of self-command were so great that he kept his legs quiet till almost complete unconsciousness was produced, but the anæsthetic conquered at last and showed that the paralysis was purely voluntary.

Dr. Hammond is bringing the hydrophobia season to a brilliant close by suing the *Medical Record* for libel. The quarrel is a very pretty one as it stands. Dr. Shrady, the editor of the *Record*, opens his columns to Dr. Hammond, to reply to his criticisms, saying, "if I am wrong, I am perfectly willing to be set right." Dr. Hammond, however, desires to convince Dr. Shrady of his errors in a private interview, and then to have the latter retract his remarks. Neither of the antagonists will accept the terms of the other, and so the majesty of the law is to be appealed to.

We will not pursue the subject further, fearful lest Dr. Hammond might not "in mercy stay his pen," as he did in favor of the "Ishmaelite of the *Philadelphia Medical Times*, who has presumed to dabble in the matter."

Correspondence.

Massachusetts Charitable Eye and Ear Infirmary.

Messrs. Editors,—I notice, in your issue of September 3d, an inquiry as to whether the Massachusetts Charitable Eye and Ear Infirmary is intended for the poor only; also, a statement that complaint has been made because persons able and willing to pay have applied for admission.

The Infirmary is intended solely for the poor and needy. A large number of its beds are free; the occupants of the others pay the nominal board of five dollars per week. No case, however, is ever rejected because this amount is not forthcoming. No charge for treatment is ever made; those able to pay are expected to apply elsewhere.

It is needless to say that the institution is very often imposed upon by those whose means render them perfectly able to consult private practitioners.

Hasket Derby.

Boston, Sept. 14, 1874.

Medical Miscellany.

"THE MEDICAL STUDENT" is the name of a new monthly journal to be started at Wheeling, West Virginia, on the first of the coming year.

LARGE BILL FOR DENTISTRY.—A New York dentist, named Atkinson, has recently brought a suit against the actress, Agnes Ethel, to recover a bill of $1,025 for services in filling teeth.

BROMIDE OF CAMPHOR.—M. Bourneville finds that this compound diminishes the number of the arterial pulsations; it diminishes also the number of the respirations, and modifies the temperature. It acts as a powerful sedative, and its calming effects may be of use in certain diseases of the nervous system.—*Edinburgh Medical Journal.*

DR. STUART ELDRIDGE, an American physician connected with the medical staff of five large native hospitals on the island of Yesso, Japan, has a large number of native students attending his clinical lectures. He publishes in the Japanese language a bi-monthly illustrated medical journal, which finds numerous readers.—*Medical and Surgical Reporter.*

NOSE STRAIGHTENER.—This is the name of a new instrument, displayed at the annual meeting of the British Medical Association. It is designed to bring into proper shape a mal-formed, fractured or dislocated nasal organ, and is furnished with springs and pads, which, taking the forehead as a fixed point, may be brought to bear upon any part of the nose.

AN INDIGESTIBLE MORSEL.—At a late meeting of the Société Médicale des Hôpitaux in Paris, M. Dujardin-Beaumetz exhibited a flattened leaden bullet which had been swallowed by a child. It had remained eight days in the digestive organs, produced asphyxia at the outset, and was voided naturally without having given rise to the least symptom of lead-poisoning, after treatment consisting of the administration of purgatives and sulphuric acid lemonade.—*London Medical Record.*

ANTI-VACCINATION DEMONSTRATION.—In Gainsborough, England, George Airthorpe who was recently released from prison for refusing to have his child vaccinated, was drawn through the town by his fellow-workmen. At a meeting held afterwards in the market-place, memorials to Mr. Disraeli and Mr. Scalter-Booth, demanding the repeal of the vaccination laws, were adopted, and Airthorpe, who presided, was presented with a purse of money. The meeting was attended by between three and four thousand persons.

PURIFYING WATER.—It is not generally known that pounded alum possesses the property of purifying water. A tablespoonful of pulverized alum sprinkled into a hogshead of water (the water stirred at the time) will, after the lapse of a few hours, by precipitating to the bottom the impure particles, so purify it that it will be found to possess all the freshness and clearness of the finest spring water. A pailful containing four gallons may be purified by a single teaspoonful.—*Medical and Surgical Reporter.*

HOMŒOPATHIC SURGERY.—Recent criticisms of the Philadelphia newspapers, and especially the *Press*, as to the efficiency of the staff of the Homœopathic Hospital in that city, are the reverse of flattering. It appears that by an extraordinary order of the Mayor, accident cases have of late been carried by the police to that institution, and a death having occurred under somewhat remarkable circumstances, a coroner's inquest was held, which returned a verdict that death was due to delay in medical treatment, and that the physicians in charge were in the highest degree censurable. Many other cases of death have been reported, the details of which render it pretty evident that the results of the Mayor's order are such as might have been anticipated.

DRY GANGRENE OF THE PENIS.—A case of this rare affection is reported in the *British Medical Journal* (August 29, 1874), occurring in a man aged 34. The gangrenous process set in about a month after the contraction of a syphilitic ulcer, gradually involving the entire organ, which became cold, hard and dusky. A good line of demarcation next formed at the junction with the scrotum, and the whole penis finally became detached.

EFFORTS are making in Russia to abolish the law which obliges a physician to visit any one who may call on him. As it now stands, he who refuses to go is liable to a fine of from five to ten roubles for the first offence, of from ten to fifteen for the second, and of from fifty to one hundred for the third. Moreover, any physician so offending, who may be in the service of the government, is liable to be dismissed. The worst of it is that the law is no dead letter, but is actually enforced. It was only in 1869 that a similar law was repealed in Prussia.

LOCAL TREATMENT OF PULMONARY CAVITIES.—Dr. Mosler, of Griefswald, has, in a number of cases, and with relative success, penetrated directly from the surface through the thoracic parietes into caverns, pulmonary abscesses, and bronchial dilatations, treating them like ordinary abscesses.

One or more punctures are made with a canula of sufficient size, and a small quantity of permanganate solution injected. Dr. Mosler thinks that the pulmonary parenchyma is more tolerant than is generally supposed, and that it may be acted upon through the thoracic parietes in the same manner as any other organ to which the surgeon has access. Not only pulmonary cavities, but pulmonary inflammations may be treated by medicated injections, just as other neoplastic parenchymatous tumors are treated.—*Berliner klinische Wochenschrift; New York Medical Journal.*

TOBACCO AND PUBLIC HEALTH.—Dr. C. R. Drysdale appears to have enlisted under the banner of Mr. Trask, the anti-tobacco agitator, taking strong grounds against the use of tobacco, which he does not hesitate to designate as a vice. In a paper read at the annual meeting of the *British Medical Association*, he affirmed that within one week he had seen two young men affected with almost complete loss of vision, induced in one case by excessive smoking, and in the other by chewing tobacco. Among the other maladies which he conceives to be produced by *nicotiana tabacum*, may be mentioned dyspepsia, diarrhœa, piles, palpitation of the heart and functional disease of that organ, stomatitis, paralysis, and especially paralysis agitans.

MORTALITY IN MASSACHUSETTS.—*Deaths in sixteen Cities and towns for the week ending September* 12, 1874.

Boston, 195; Worcester, 26; Lowell, 40; Milford, 2; Chelsea, 10; Cambridge, 51; Salem, 13; Lawrence, 19; Springfield, 16; Lynn, 21; Fitchburg, 5; Newburyport, 2; Somerville, 7; Fall River, 24; Haverhill, 4; Holyoke, 12. Total, 447.

Prevalent Diseases.—Cholera infantum, 125; consumption, 60; diarrhœa and dysentery, 36; pneumonia, 11; typhoid fever, 10.

Cambridge reports five deaths, and Boston four deaths, from whooping cough; none reported elsewhere.

CHAS. F. FOLSOM, M.D.
Secretary of the State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Sept. 19, 151. Males, 79; females, 72. Accident, 9; apoplexy, 1; inflammation of the bowels, 4; disease of the bowels, 2; bronchitis, 3; disease of the brain, 7; cystitis, 1; cholera infantum, 42; cholera morbus, 1; consumption, 18; convulsions, 3; croup, 3; debility, 3; diarrhœa, 6; dropsy, 1; dropsy of the brain, 2; drowned, 1; dysentery, 1; eczema, 1; scarlet fever, 2; typhoid fever, 4; gastritis, 1; disease of the heart, 3; hæmorrhage, 2; disease of the liver, 2; inflammation of the lungs, 2; marasmus, 7; old age, 2; paralysis, 2; premature birth, 4; phlebitis, 1; puerperal disease, 1; disease of the spine, 1; suicide, 1; teething, 2; tabes mesenterica, 1; ulcer of leg, 1; whooping cough, 2; unknown, 1.

Under 5 years of age, 92; between 5 and 20 years, 7; between 20 and 40 years, 26; between 40 and 60 years, 14; over 60 years, 12. Born in the United States, 115; Ireland, 29; other places, 7.